

Application No. (if known): 10/617,168

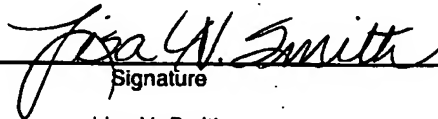
Attorney Docket No.: 04558/038002

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Request for Certificate of Correction (No Fee) (2 pages)  
Certificate of Correction

UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION

PATENT NO. : 6,819,647  
DATED : November 16, 2004  
INVENTOR(S) : Youichi Saitoh et al.

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In Claim 4, column 2, line 8, please replace the word "omitted" with --emitted--.

In Claim 4, column 2, line 13, please add the following sentence: --first photodetectors for receiving light separated by the separation element;--

In Claim 3, column 2, line 1, please replace the mathematical equation " $(N1 + \frac{1}{4}) \lambda 1 \approx N2 \times \lambda 2$ " with  $--(N1 + \frac{1}{4}) \lambda 1 \stackrel{\cdot}{\approx} N2 \times \lambda 2--$ .

In Claim 6, column 2, line 41, please replace the mathematical equation " $(N1 + 1/5) \approx N2 \times \lambda 2$ " with  $--(N1 + 1/5) \lambda 1 \stackrel{\cdot}{\approx} N2 \times \lambda 2--$ .

**SPE RESPONSE FOR CERTIFICATE OF CORRECTION**

**Paper No.: X**

**DATE** : APRIL 28, 2005

**TO SPE OF** : ART UNIT 2655

**SUBJECT** : Request for Certificate of Correction for Appl. No.: 10617168 Patent No.: 6819647B2

A response is requested with respect to a request for a certificate of correction.

With respect to the change(s) requested to correct Office and/or Applicant's errors, should the patent read as shown in the certificate of correction attached herewith or the COCIN document(s), in IFW images for the above-identified patented application? No new matter should be introduced, nor should the scope or meaning of the claims be changed.

If the response is for an IFW, within 7 days, please complete and forward the response to the employee (named below) via scanning into application images using document code **COCX**.

**DO NOT SENT TO ATTORNEY**

If the response is for a paper file wrapper, please complete the response and forward the response with the paper file wrapper, to the employee (named below), within 7 days, to:

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**Palm Location 7580**

***VIRGINIA TOLBERT***  
Certificates of Correction Branch  
703-308-9390 ext. 113

**Thank You For Your Assistance**

**The request for issuing the above-identified correction(s) is hereby:**

Note your decision on the appropriate box.

☒ **Approved**

All changes apply.

☐ **Approved in Part**

Specify below which changes do not apply.

☐ **Denied**

(corrections) State the reasons for denial below.

**Comments:** The amendments to the claims are approved by  
the examiner.

**SPE**

**Art Unit**